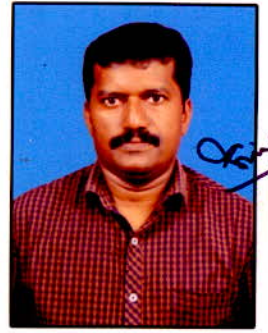


**NAME OF THE COLLEGE : SREE GOKULAM MEDICAL COLLEGE  
AND RESEARCH FOUNDATION.**

Date of Assessment		Remarks
Accepted? (YES/NO)		
Name of the Assessor		
Signature of Assessor		

**DECLARATION FORM : 2017 - 2018 - FACULTY**

- 1.(a) Name... ANIL KUMAR, K.V......
- 1.(b) Date of Birth & Age ... 16.05.1974 ... 42 years
- 1.(c) Submit Photo ID proof issued by Govt. Authorities :  
Photo ID submitted :   
~~Passport copy~~ / PAN Card / ~~Voter ID~~ / ~~Aadhar Card~~  
Number AKCP5405H..... Issued by Govt. of India



Note: 1) Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty. 2) Original Certificates are mandatory for verification. All Certificates/Documents/Certified Translations, must be in English

- 1.(d) i. Present Designation: ASSISTANT PROFESSOR.
- 1.(d)(i)a Certified copies of present appointment order at present institute attached.
- 1.(d)ii. Department: ANATOMY "
- 1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE AND RESEARCH FOUNDATION
- 1.(d)iv. City: THIRUVANANTHAPURAM.
- 1.(d) v. Nature of appointment: Regular /  Contractual.
- 1.(d)vi. Date of appearance in Last MCI - UG/PG/ Any Other Assessment 27/7/2016
- 1.(d)vii Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No
- 1.(d)viii Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No
- 1.(e) Residential Address of employee : MOOLAYIL VEEDU, MUDAKKAL  
VENJARAMOODU, P.O. THIRUVANANTHAPURAM.  
KERALA PIN 695607

Signature of Faculty

Signature of Dean

**Dr. V. Girija MD**  
Principal  
Sree Gokulam Medical College &  
Research Foundation, Venjaramoodu  
Thiruvananthapuram-695 607